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FULTON COUNTY MEDICAL PRE-SCREENING FORM

DATE: 5/3/14 TIME: 1241 Name: Robins No Illique Sex: M F

DOB: 4/9/75 Booking #: 168787

Observations:	YES-	NO
Is inmate unconscious or unable to respond to questions?		/
Does the inmate appear to have pain or injuries requiring immediate medical		1
attention?		V
Does the inmate appear to be under the influence of alcohol /drugs?		1
Are there any visible signs/symptoms of alcohol/drug withdrawal?		
Does the inmate's behavior suggest the risk for suicide?		V
Does the inmate's behavior suggest the risk of assault to staff or others?		V
Questionnaire to inmate:	YES	NO
Have you ever attempted or contemplated suicide?		V
Are you considering suicide at this time?		1
Have you fainted recently or had a recent head injury?		1/
Have you recently been hospitalized?		1
Have you recently been injured? SkyS Stonids 15 DIL		
Are you diabetic? If yes accu check:		/
Do you have a chronic cough, coughing up blood, night sweats, fever or recent weight		1
loss?		,v
Have you ever tested positive for tuberculosis?		V
Do you drink wine, beer or other alcohol on a regular basis?		1
Have you had withdrawal problems, seizures or blackouts from alcohol or drugs?		V
Are you currently detoxing from alcohol or drugs?		V
Do you take DAILY medications prescribed by a physician for an ongoing medical	/	
condition? abuted		
Questionnaire to inmate (females only):	YES	N9
Are you pregnant?		1
Have you recently had a baby, miscarriage or abortion?		V
Complete Ebola Virus Disease Screening on back of form!	1	

Vitals: B/P (*SBP<100) [2]	186 Temp (*>100) 97:2	Respiration 14	Pulse (*>100) 50 0296%
Check appropriate boxes Blue – medical (ID Red – Detox Yellow – Pregnance		head injury injuries to hand	July
Green – Mental He	ealth (suicidal, homicidal, ac	tively psychotic)	
	cough blood mouth injury	tazed duringo	a Herca toon
*	mouth injury	9	× B

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Ebola Virus Disease (EVD) Screening

	7 1 1 T	11140	□ Yes
The control of the first of the control of the cont	traveled from Africa or neighboring	4	10.00
Countries in the last 21 days?		□ No	□ Yes
Do you have any vomiting, diarrhea, abdom	ninal pain?	DNo	□ Yeş
Do you have a fever (≥ 38° C or 100.4°F)?	(Call Nurse to Complete)	□ No	□ Yes
	Have you had contact with anyone who has Countries in the last 21 days? Do you have any vomiting, diarrhea, abdon	Do you have any vomiting, diarrhea, abdominal pain?	Have you had contact with anyone who has traveled from Africa or neighboring Countries in the last 21 days? Do you have any vomiting, diarrhea, abdominal pain?

If inmate answers YES to question #1 or #2, and has one or more of the symptoms in #3 and/or a fever, **DO NOT ALLOW INMATE TO ENTER THE FACILITY.** Advise arresting officer to transport inmate immediately to Grady

Memorial Hospital.

Signature/Title of person completing form:

Date/Time: <u>5/8/14</u>

intake Nurse: document attempts to complete intake screening in area below with date/time/signature

Date/Time	the property of the second of
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